

## WAGES NOTICE REQUEST REDUCTION IN FORCE AND SEPARATION PAY INFORMATION

1. California Employer Account Number: \_\_\_\_\_  
(8 Digit Code)
2. Business Name: \_\_\_\_\_
3. Other Business Names: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)
5. Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) (Phone Number)
6. Please provide the following information (if you have different layoff periods list them separately):

| Date(s) of Layoff<br>(MM/DD/YY-MM/DD/YY) | Number of California<br>Employees Laid Off | Location(s) of Affected Job Sites<br>in California<br>(City) |
|--|--|--|
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7. Union Name, Local and Phone Number (if applicable): \_\_\_\_\_
8. Prior Wages Notice Number (if applicable): \_\_\_\_\_
9. Will the terminated employees receive any payments other than their regular wages through their last day worked and accrued vacation?     \_\_\_Yes\_\_\_ \_\_\_No\_\_\_

**If no, it is not necessary to complete this form.** Issuance of a Wages Notice is only necessary if your company will pay post-employment payments to the terminated employees.

10. Does the company have a plan or policy that provides for separation payments when there is a reduction in force or closure?     \_\_\_Yes\_\_\_ \_\_\_No\_\_\_
11. What is the basis for the payments (i.e. written policy, general practice, new policy for this reduction in force, collective bargaining agreement, etc.)? \_\_\_\_\_
12. What does the company call these payments? \_\_\_\_\_  
\_\_\_\_\_
13. What is the purpose of the payments? \_\_\_\_\_  
\_\_\_\_\_
14. Who is eligible to receive the payments? \_\_\_\_\_  
\_\_\_\_\_
15. Do the employees continue to accrue all service credits, such as seniority, vacation time, etc., during the period covered by the payment(s)?     \_\_\_Yes\_\_\_ \_\_\_No\_\_\_

16. Does the company retain the right to call on the employees' services, if needed, during the period covered by the payments? ☐ Yes ☐ No

17. Will the company make the payments in a ☐ lump sum and/or in ☐ periodic payments? (check accordingly)

18. Are the terminated employees covered by a pension plan? ☐ Yes ☐ No  
If yes, did the terminated employees at any time contribute to the pension fund and are those contributions still part of the pension fund? ☐ Yes ☐ No

If no, is the pension based solely on employer contributions? ☐ Yes ☐ No

19. Does the company have any other plans set up for retirement purposes? ☐ Yes ☐ No

If yes, please provide: Type of plan: \_\_\_\_\_

Who can participate in the plan? \_\_\_\_\_

Who contributes to the plan? ☐ Employee ☐ Company ☐ Both employee and company

What are the terminated employees' options with respect to the contributions in the plan? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

20. Did any of the terminated employees elect voluntary layoff/retirement or refuse a transfer within the company in lieu of lay off? ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

21. Did any of the terminated employees elect to be laid off in place of less senior employees?

☐ Yes ☐ No

If yes, are those employees covered by a collective bargaining agreement that provides for substitutionary layoff? ☐ Yes ☐ No

22. If the layoff was due to a merger, acquisition, etc., did any of the affected employees refuse an offer of work from the new company? ☐ Yes ☐ No ☐ Not applicable

If yes, please provide:

Name of the new company: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) (Phone Number)

23. Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employer Representative/Agent:

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) (Phone Number)

Mailing Address (if different than the business address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INSTRUCTIONS FOR WAGES NOTICE REQUEST REDUCTION IN FORCE AND SEPARATION PAY INFORMATION

The Employment Development Department will prepare a Wages Notice based on the information you provide. The Department issues a Wages Notice to reduce the number of calls to employers and to promote consistent decisions from Department staff regarding payments received by unemployment insurance claimants. The Wages Notice will provide Department staff with general information regarding the post-employment payments received by terminated employees and a determination of whether the payments will affect the claimants' eligibility for unemployment insurance benefits.

The Department will also mail you a copy of the Wages Notice for your records.

### **Please follow the instructions carefully:**

1. CALIFORNIA EMPLOYER ACCOUNT NUMBER - Enter your California state employer account number.
2. BUSINESS NAME – Enter the name by which your business is known.
3. OTHER BUSINESS NAMES – Enter other names by which your business is known and which your employees may report as their employer.
4. MAILING ADDRESS – Provide business mailing address.
5. PHONE NUMBER – Enter business phone number including area code.
6. If you have different layoff periods list them separately.  
  
DATE(S) OF LAYOFF – Enter the date(s) you laid off or plan to lay off the employees. If layoffs will occur over a period of time and you do not have specific dates, you may indicate anticipated beginning and ending dates.  
Example: 02/05/99 – 06/30/99  
  
NUMBER OF CALIFORNIA EMPLOYEES LAID OFF – Enter the total number of employees who work in California and who will be laid off during the period indicated.  
  
LOCATION(S) OF AFFECTED JOB SITES IN CALIFORNIA – Enter the name(s) of the California city(ies) where the job site(s) affected by the layoff is (are) located. If several job sites throughout California are affected you may indicate "statewide" rather than listing the individual job sites.
7. If affected employees are covered by a collective bargaining agreement, please provide the union name, local number and phone number.
8. If we have issued a Wages Notice for your company in the past, please provide the prior Wages Notice number, if available.
9. If the terminated employees will not be receiving any payments other than their regular wages for services rendered through their last day worked and accrued vacation, it is not necessary to complete this form. The purpose of a Wages Notice is to determine if post-employment payments, such as severance pay, in-lieu-of-notice pay, wage continuation, bonuses, pensions, etc., affect the claimants' eligibility for unemployment insurance benefits.
10. Enter if the payments will be made pursuant to company policy or plan that provides for such payments to a **class or group of employees** affected by the reduction in force or closure. The plan or policy does not have to be a written policy. It may be a company practice to provide such payments at termination or a plan created only for this layoff.
11. Enter whether the payments are made pursuant to a written company policy, collective bargaining agreement, plan created for this layoff, etc. If payments are made according to different policies or agreements, please specify.  
Example: Represented employees will be paid severance pay according to the collective bargaining agreement; non-represented employees will be paid severance pay according to written company policy.
12. Enter what you call the payments. Examples: Severance pay, separation pay, dismissal pay, wage continuation, etc.
13. Explain the intent of the payment. Examples: To provide assistance while employees seek other work; to supplement unemployment insurance benefits; etc.
14. Enter the group or groups that are eligible to receive the payments. Examples: All terminated employees, production workers, exempt employees, all employees who sign a general release, etc.

15. Indicate if terminated employees continue to accrue **all** service credits (e.g., earn additional vacation time, accrue seniority, etc.), just as if they were working, during the period covered by the payments.
16. Indicate if you require the affected employees to remain available to perform services for your company during the period covered by the payments.
17. Indicate if you will make one lump sum payment or periodic payments. If some employees will receive a lump sum payment and other employees will receive periodic payments, check both lump sum and periodic payments.
18. Indicate if the affected employees are covered by a pension plan. Indicate if the affected employees are covered by a pension plan and they contributed some of the monies currently in the fund.
19. Indicate if the company has any other plans, e.g., profit sharing, employee stock option plans, etc., that are set up for retirement purposes. Provide the type of plan. Explain who is eligible to participate in the plan. Explain what are the employees' options at termination with respect to the contributions in the plan. Example: At termination, employees with at least \$5000 in the plan may leave the contributions in the plan or withdraw them. Employees with less than a \$5000 balance must withdraw the contributions.
20. Indicate if any of the terminated employees could have continued employment with your company but volunteered to be laid off, chose to retire or refused a transfer within the company. Explain the circumstances. Example: Some employees not scheduled for lay off volunteered for early retirement to take advantage of the separation incentive pay package the company offered.
21. Indicate if some employees who would not have been otherwise laid off, volunteered to be laid off in place of other employees. If yes, indicate if those employees are covered by a collective bargaining agreement that specifies an employee with more seniority may elect to be laid off in place of an employee with less seniority when the employer has decided to lay off employees.
22. If another company has taken over your business operations, indicate if to your knowledge, any of the terminated employees were offered employment with the other company and refused it. If yes, please provide the name of the company who made the offer of work and name and telephone number of a person who can provide more information regarding the offer of work.
23. COMMENTS – Provide any additional information regarding the payments that you feel is important and can assist the Department in determining if the payments will affect the employees' eligibility for unemployment insurance benefits.

For more information about completing this form, please call (916) 654-7401 and ask to speak to someone in the Wages Unit.

You may FAX the completed form to (916) 654-8117, or mail to Employment Development Department, Wages Unit MIC 40, PO Box 826880, Sacramento, CA 94280-0001.